

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032347

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4542

FILED SEP 11 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF H. H. OWENS MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		c. CITY OR TOWN KANSAS CITY, KS.	
Length of stay in 1b 2 Hr 40 M.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.		d. STREET ADDRESS (If outside, give location) 2201 W 42nd, Kc, Ka.	
3. NAME OF DECEASED (Type or print) First Middle Last TRUMAN N. MC DANIEL		4. DATE OF DEATH Month Day Year AUG. 12. 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/9/16
9. AGE (last birthday) 47	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED FARMER		11. BIRTHPLACE (City and state or country) FAUCETT, Md. U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED FARMER		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LARRY McDANIEL		13b. MOTHER'S MAIDEN NAME BEATRICE BRIDGES	
14. NAME OF HUSBAND OR WIFE ANNA MC DANIEL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES 6/14/44 to 1/24/46	
16. SOCIAL SECURITY NO.		17. INFORMANT MRS ANNA MC DANIEL VA HOSP RECORDS - 2201 W 42ND, KC KAN.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTRACEREBRAL HEMORRHAGE, LEFT DUE TO (b) RUPTURED ANEURYSM OF ANTERIOR COMMUNICATING DUE TO (c) CEREBRAL ARTERY.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 8/12/63 4:15 PM to 8/12/63 6:55 PM last saw him alive on 8/12/63 Death occurred at 6:55 PM 8/12/63 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh H. Owens		22b. ADDRESS 152 Union Station St. Joseph, Mo.	
22c. DATE SIGNED 8-14-63			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8-14-63	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Melody McAtley Eyles Linwood at Woodlawn		25. DATE RECD. BY LOCAL REG. 8-14-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

MAR 23 1964

SEP 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Phillips  
Licensed Embalmer No. 4641

P. O. Address Monroe City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.